

1615

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

2

Application Number

09/557,098

Filing Date

April 21, 2000

First Named Inventor

LURIYA, E.

Art Unit

1615

Examiner Name

G. Kishore

Attorney Docket Number

66419.010100

**ENCLOSURES (Check all that apply)**☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/  
Incomplete Application☐Reply to Missing Parts  
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a  
Provisional Application☒Power of Attorney, Revocation  
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐Appeal Communication to Board  
of Appeals and Interferences☐Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify  
below):

- return receipt postcard

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Greenberg Traurig LLP

Signature

Printed name

Eugene C. Rzucidlo

Date

April 12, 2005

Reg. No.

31,900

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Amy McFall

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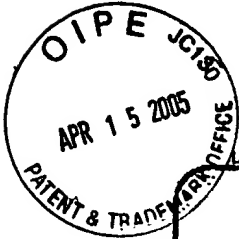
Amy McFall

Date

April 12, 2005

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PTO/SB/02 (08-03)

Approved for use through 11/30/2005, OMB 0851-0035

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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/557,098
Filing Date	April 21, 2000
First Named Inventor	Luriya, Elena et al.
Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32381

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

32361

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

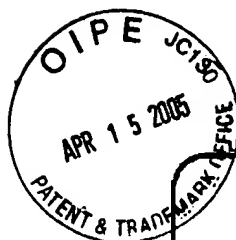
Name	Leonid Luriya		
Signature	<i>L. Luriya</i>		
Date	12.3.2003	Telephone	972-8-9495829

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/02 (09-03)  
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Application Number	08/557,088
Filing Date	April 21, 2000
First Named Inventor	Lurtya, Elena et al.
Art Unit	1815
Examiner Name	G. Kishore
Attorney Docket Number	

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Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Name	Elena Lurtya		
Signature			
Date	12.3.2003	Telephone	972-8-9495829

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